

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 hrs.Hospital, institution, or street address where death occurred:
Memorial Hospital Easton, Md.How long in hospital or institution? 23 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg, Md. R.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Minnie T. Andrew.

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Albert T. Andrew7. Birth date of deceased (mo., day, yr.) June 2, 1876
6. (c) If alive, give age 84 years8. AGE: Years 74 Months 1 Days 29
If less than one day _____ hrs. _____ min.9. Birthplace Pa.
(Town, county, and state)10. Usual occupation N.W.

11. Industry or business

12. Name John P. D. Link13. Birthplace Pa.14. Maiden name Martha Tranger15. Birthplace Pa.16. Informant Albert T. AndrewAddress Federalburg Md R.D.17. (Burial, cremation, or removal. Which?) Burial Date thereof 8/4/47
(month) (day) (year)Cemetery or crematory High Crest CemeteryLocation Federalburg, Md.18. Funeral director J. J. Frampton & SonAddress Federalburg, Md.19. 8/2 47 N. W. Neerjes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 19 47 at 3:03 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 1/2 days 19 47 to 1 Aug 19 47and that I last saw him alive on 1 Aug 19 47Immediate cause of death Cerebral failure

DURATION

Due to arterio-sclerotic heartDue to vicine

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. P. Harrison M.D.Address Carlton, Maryland Date signed Aug 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07365

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TALBOTCity or town EASTON MD.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 YEAR.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

MARY JANE BRADLEY.

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED.

6. (b) Name of husband or wife

WILLIAM BRADLEY

7. Birth date of

deceased (mo., day, yr.)

FEB. 14, 1875

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

7261

.....hrs.

.....min.

9. Birthplace

OHIO
(Town, county, and state)

10. Usual occupation

House Wife.

11. Industry or business

FATHER

12. Name

PHILLIPS CLAGUE.

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Frank Bradley

16. Informant

Address

Easton Talbot Co. Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Burial Aug 18/47
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton Talbot Co. Md.

18. Funeral director

Address

W. H. Hafford
Easton, Md.

19.

(Date rec'd by registrar)

8/7 47 M. H. Neenan
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Talbot County Md

City or town

Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

8/15/47 at 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

march 1947 to 8/11/47 1947and that I last saw him alive on 8/10/47 1947

Immediate cause of death

Arteriosclerosis, generalized 2 years?

Due to

Due to

Other conditions

Diabetes mellitus 2 yrs?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

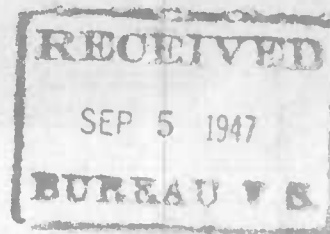
Injured at work?

23. SIGNATURE

B. L. Co. M.D.

Address

Easton Md Date signed 8/18/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Royal Oak
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
5 years
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Royal Oak
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. No Number
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Maria Chamberlaine

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 31, 1865
 6. (c) If alive, give age — years

8. AGE:

81 Years9 Months20 Days— hrs. — min.

9. Birthplace

Narey, Talbot County, Md.

10. Usual occupation

None

11. Industry or business

12. Name James Floyd Chamberlaine
 13. Birthplace Maryland

14. Maiden name Margaret Floyd Chamberlaine
 15. Birthplace Maryland

16. Informant Mrs Henry J Seddeman
 Address Royal Oak, Maryland

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof August 22, 1947
 (month) (day) (year)

Cemetery or crematory St. Mark's Churchyard
 Location Wilson, Maryland

18. Funeral director Ellis Clark
 Address Easton, Maryland

19. 8/21 47 N.H. Neerney
 (Date rec'd by registrar) (Year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 19 47, at 6:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 19 40 to August 20 19 47 and that I last saw — alive on August 18th 19 47

Immediate cause of death

Carcinoma of right breast with generalized metastatic
carcinomatosis

DURATION

1 1/2 yrs.

Due to

Other conditions Artery-sclerotic cardiac vascular disease
 (Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge Hedoff, M.D.

Address Cambridge, Maryland Date signed 8-20-47
 W.D. or other

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Rural Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Rural Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

Charles Christian

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 2, 1870 6. (c) If alive, give age _____ years8. AGE: Years 77 Months 5 Days 23 If less than one day _____ hrs. _____ min.9. Birthplace Talbot, Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

FATHER 12. Name Charles Christian13. Birthplace Md.MOTHER 14. Maiden name Marjorie Helen15. Birthplace Charles P. Dulin16. Informant Mrs. George B. DulinAddress Easton, Md. P.O.17. (Burial, cremation, or removal, Which?) Burial Date thereof Aug 28, 1947
(month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Edwin CulpAddress Easton - Md.19. 2/22 42 M. H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 19 47 at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/21/1947 to 8/25/1947 and that I last saw him alive on 8/21/1947

Immediate cause of death _____ DURATION

Arteriosclerotic HeartDue to DiseaseDue to Senility

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. H. Neer M. D. or otherAddress Easton Md. Date signed 8/26/47

RECEIVED

SEP 1 1947

BUREAU V.E.

CERTIFICATE OF DEATH

Reg. Dist. No. 474

1. PLACE OF DEATH: County <u>Talbot</u> City or town <u>Mc. Daniel</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>30 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Talbot</u> City or town <u>Mc. Daniel</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war _____			
3. (a) FULL NAME <u>Jannetta E. Conway</u>				3. (b) Social Security Number <u>none</u>			
4. Sex <u>female</u>		5. Color or race <u>colored</u>		6. (a) Single, married, widowed, or divorced <u>widow</u>			
6. (b) Name of husband or wife <u>Charles T. Conway</u>				6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>Jan. 15, 1883</u>							
8. AGE: Years <u>64</u>		Months <u>7</u>		Days <u>1</u>		If less than one day hrs. _____ min. _____	
9. Birthplace <u>Mc. Daniel, Md.</u> (Town, county, and state)							
10. Usual occupation <u>House wife</u>							
11. Industry or business <u></u>							
FATHER		12. Name <u>Robert Newnam</u>		13. Birthplace <u>Mc. Daniel, Md.</u>			
MOTHER		14. Maiden name <u>Annie Cooper</u>		15. Birthplace <u>Mc. Daniel, Md.</u>			
16. Informant <u>Grant T. Conway</u>		Address <u>Mc. Daniel, Md.</u>					
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>Aug. 18, 1947</u> (month) (day) (year) Cemetery or crematory <u>Cemetery</u> Location <u>Easton, Md.</u> Funeral director <u>Newnam & Harrison</u> Address <u>St. Michaels, Md.</u>							
19. Aug. 17 (Date rec'd by registrar)				19. 87 G. W. L. L. L. L. Registrar			
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>Aug 16</u> 19 <u>47</u> at <u>1947</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>1940</u> to <u>Aug 16</u> 19 <u>47</u> and that I last saw <u>her</u> alive on <u>August 16</u> 19 <u>47</u>							
Immediate cause of death <u>acute dilatatory heart</u>							
Due to <u>Excessive smoking and heart obesity</u>							
Due to <u>Diabetic mellitus</u>							
Other conditions <u>Diabetic mellitus</u>							
(Include pregnancy within 3 months of death)							
Major findings of operations _____							
Antopsy results _____							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide _____ Date of _____							
Where did injury occur? _____ (City or town) _____ (County) _____ (State)							
Injured at home, farm, industry, public place (where?) _____							
Means of injury _____ Injured at work? _____							
23. SIGNATURE <u>G. W. L. L. L.</u> M. D. or other _____							
Address _____ Date signed <u>8/15/47</u>							

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coverage is especially important. Physicians: please write the causes of death clearly and legibly.

MAINTAIN STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

AUG 29 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

amended June 30 1947

07369

Reg. Dist. No. 290

1. PLACE OF DEATH:
County... Talbot
City or town... Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 59 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 59 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Queen Anne
City or town... Price
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mr. Oden L. Coppage
4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W

3. (b) Social Security Number

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1879

6. (c) If alive, give age years

8. AGE: Years 68 Months Days If less than one day hrs. min.

9. Birthplace... Queen Anne County
(town, county, and state)

10. Usual occupation... Retired

11. Industry or business

FATHER 12. Name... Mr Benjamin Coppage

13. Birthplace... Queen Anne County

MOTHER 14. Maiden name... Mollie Smith

15. Birthplace... Unknown

16. Informant... Memorial Hospital records

Address... Easton Md

17. Burial (Burial, cremation, or removal, Which?) Buried Date thereof... 8/29/47
(month) (day) (year)

Cemetery or crematory... Church Hill

Location... Church Hill, Md.

18. Funeral director... Edgar L. Lane

Address... Church Hill Md.

19. 8/26 19 47 N. H. Newer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 26 19 47 at 12:55P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 August 19 47, to 26 August 19 47

and that I last saw him alive on 26 August 19 47

Immediate cause of death... Carcinoma of the stomach with metastasis to ilium.

DURATION

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury injured at work?

23. SIGNATURE... James F. Wright

M. D. or other

Address... 213 Dover St., Easton Md. Date signed... 27 August 1947

RECEIVED

SEP 1 1947

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 124 S. Higgins
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William J. Cornish

3. (b) Social Security Number

Lost4. Sex M. 5. Color or race Col'd 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Naomi Cornish7. Birth date of deceased (mo., day, yr.) June 10, 1878 6. (c) If alive, give age 49 years8. AGE: Years 60 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Talbot Co.
(Town, county, and state)
Mechanic

10. Usual occupation _____

11. Industry or business _____

12. Name William Cornish13. Birthplace Talbot Co.14. Maiden name Margie (unknown)15. Birthplace Talbot Co.16. Informant Naomi Cornish
Address 124 S. Higgins St.17. Burial Date thereof Aug. 21-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wynnton Talbot Co.Location Talbot Co.18. Funeral director Leon W. HenryAddress Easton Md.19. 8/21 19 47 N. P. Newer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 19 47 at 138 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 47 to Aug. 17 19 47

and that I last saw him alive on _____ 19 _____

Immediate cause of death Acute Myocarditis DURATION 6-7 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Harvard T. Melt, M.D. M. D. or other _____Address Easton, Md. Date signed 8/18/47

RECEIVED

AUG 26 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07371 290

1. PLACE OF DEATH:

County TalbotCity or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long above place of death? 11 days

Hospital, institution, or street address where death occurred:

Memorial Hospital, Easton, Md.How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Jennie Crane

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Sept. 24, 18648. AGE: Years 82 Months 11 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Michigan
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Mr. Paul Hall13. Birthplace Michigan14. Maiden name Emily Parks15. Birthplace Michigan16. Informant J. Virgil Moore + SonAddress Denton, Md.17. Buried 9/2/47

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory DentonLocation New England18. Funeral director J. Virgil Moore + SonAddress Denton, Md.19. 8/30 47 N. H. Devereux

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1947, at 8:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 Aug. 1947, to 29 Aug. 1947
and that I last saw h. ch. alive on 29 Aug. 1947

Immediate cause of death _____ DURATION

Arterio-sclerotic C.V.MyocardialDue to pericarditis

Due to _____

Other conditions Fract. left hip19 Aug. 47
(Include pregnancy within 3 months of death)Major findings of operations Fract. Fract.

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

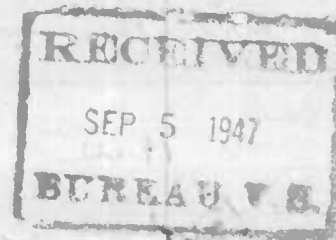
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. F. Kernan M. D. or otherAddress Easton, Md. Date signed 1 Sept 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 298

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital at Easton, Md.

How long in hospital or institution?

3. (a) FULL NAME

Desields John

4. Sex

M

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Hettie Desields

7. Birth date of

deceased (mo., day, yr.)

Feb. 3, 1884

6. (c) If alive, give age years

8. AGE:

Years

63

Months

6

Days

11

If less than one day

hrs. min.

9. Birthplace

Millers Town (Talbot) Md.

(Town, county, and state)

10. Usual occupation

JANITOR

11. Industry or business

FATHER

12. Name

John Desields

13. Birthplace

Talbot Co.

MOTHER

14. Maiden name

Mary Elizabeth Moody

15. Birthplace

Unionville, Talbot Co. Md.

16. Informant

Jeannette Taylor

Address

112 Hammond St. Easton, Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

8/18/47

Cemetery or crematory

Richards

Location

Easton, Maryland

18. Funeral director

James F. Stewart

Address

402 E. Church St. Salisbury Md.

19. (Date rec'd by registrar)

8/15/47

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Talbot

City or town

Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.

112 Hammond St.

(If rural, give LOCATION)

2. (a) If veteran, name war

no

3. (b) Social Security Number

Lost

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14, 1947 at 12:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 6, 1947 to Aug 14, 1947and that I last saw him alive on Aug 13, 1947

Immediate cause of death

Memoria

DURATION

9 days

Due to

sclerotic kidneys

Due to

arteriosclerosis

Other conditions

Syphilis

(Include pregnancy within 3 months of death)

Major findings of operations

Syphilis

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John F. Schneider, Jr. D.

Address

Easton MdDate signed Aug 14, 1947

RECEIVED
AUG 19 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Unionville, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

Eastern RD

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Unionville, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war R. 7 D-1

3. (a) FULL NAME

Sallie Desheilds

3. (b) Social Security Number

4. Sex F. 5. Color or race Col'd 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John Desheilds7. Birth date of deceased (mo., day, yr.) unknown 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Talbot County
(Town, county, and state)10. Usual occupation cook

11. Industry or business

12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Herbert DesheildsAddress Unionville, Md.17. Burial Date thereof 8/23/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory UnionvilleLocation Unionville, Md.18. Funeral director Leon St. HenryAddress 310 South St. Easton, Md.19. 8/23 47 N. A. Neenan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1947 at 1 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1947 to May 19 1947and that I last saw him alive on May 19 1947Immediate cause of death myocardial infarctionof the foodDue to _____ DURATION 6-7 mo.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hayward T. Neff M.D. M. D. or other _____Address Easton, Md. Date signed 8/20/47

RECEIVED
AUG 26 1947
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Oxford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Oxford

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME

John J. Dobson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Rosa E. Dobson7. Birth date of deceased (mo., day, yr.) June 10, 1877 6. (c) If alive, give age 53 years8. AGE: Years 70 Months 2 Days 10 If less than one day hrs. min.9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Charles E. Dobson13. Birthplace Md.14. Maiden name Dobson15. Birthplace Baltimore16. Informant Mrs Rosa E. DobsonAddress Oxford, Maryland17. Burial Date thereof Aug-23, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory OxfordLocation Oxford18. Funeral director J. Ellis ClarkAddress Easton, Md.19. 8/22 47 N.H. Neirues

(Date Reg'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 19 47 at 11:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 47 to 8/20 19 47and that I last saw him alive on 8/15 19 47Immediate cause of death Arteriosclerotic Heart Disease

DURATION

1 yearDue to Arteriosclerotic Heart DiseaseDue to Arteriosclerotic Heart DiseaseOther conditions Arteriosclerotic Heart Disease

(Include pregnancy within 8 months of death)

Major findings of operations Arteriosclerotic Heart DiseaseDate of op. Arteriosclerotic Heart DiseaseAutopsy results Arteriosclerotic Heart Disease

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Arteriosclerotic Heart Disease Date of Arteriosclerotic Heart DiseaseWhere did injury occur? Arteriosclerotic Heart Disease

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) Arteriosclerotic Heart DiseaseMeans of injury Arteriosclerotic Heart Disease Injured at work? Arteriosclerotic Heart Disease23. SIGNATURE N.H. Neirues M. D. or other Arteriosclerotic Heart DiseaseAddress Easton, Md. Date signed 8/24/47

RECEIVED
AUG 27 194
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

07375

1. PLACE OF DEATH:

County AlleganyCity or town Coopersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County DalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Blanner

3.(b) Social Security Number

4. Sex

m

5. Color or race

e

6.(a) Single, married, widowed, or divorced

- s -

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Aug 9 1947

8. AGE:

Years

Months

Days

If less than one day

_____hrs. _____min.

9. Birthplace

Talbot Co
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

47

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1947, at _____ M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

_____ 19_____, to _____ 19_____

and that I last saw h. _____ alive on _____ 19_____

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 9-11-47

RECEIVED

AUG 19 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07376

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... ALBANYCity or town... EASTON, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... TalbotCity or town... Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

ANNIE E. FOREMAN

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Aug. 27, 1858

6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

88 11 19 hrs. min.

9. Birthplace

EASTON TALBOTA, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Richard Frank

13. Birthplace

Talbot Co. Md.

14. Maiden name

Cochran

15. Birthplace

Talbot, Co. Md.

16. Informant

Milton Foreman

Address

Easton Md.

17. Burial (Burial, cremation, or removal. Which?)

Burial

Date thereof

8/18/47

(month) (day) (year)

Cemetery or crematory

Spring Hill Cemetery

Location

Easton Md.

18. Funeral director

Charles Hoffmann

Address

Easton Md.19. 8/17 19 47

(Date rec'd by registrar)

H. H. Neuen

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 8/15/47 19 47 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 19 47 to 8/15/47 19 47and that I last saw him alive on 8/11/47 19 47

Immediate cause of death.....

DURATION

arteriosclerosis, general year

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... 13 Cox 3rd

M. D. or other

Address..... Easton Md. Date signed.....

RECEIVED
SEP 5 1947
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 days

Hospital, institution, or street address where death occurred:

Memorial Hospital - Easton, Md.How long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Mr. Richard S. Garton

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced6. (b) Name of husband or wife Mary Garton (Deceased)7. Birth date of deceased (mo., day, yr.) November 4, 1868 6. (c) If alive, give age. years8. AGE: Years 79 Months 10 Days 11 If less than one day9. Birthplace England
(Town, county, and state)10. Usual occupation Retired11. Industry or business Penmanship12. Name Mr. Richard Garton13. Birthplace England14. Maiden name Mary Hunt15. Birthplace England16. Informant Miss Louise GulpAddress Denton, Md.17. Burial Date there 8/13/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Walls Cross CemeteryLocation Near Denton, Md.18. Funeral director J. Virgil SchroederAddress Denton, Md.19. 8/12 47 N.H. Neuman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 19 47 at 1:44 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 26 19 47 to Aug 11 19 47and that I last saw him live on Aug 11 19 47Immediate cause of death uremiaDue to Hypertrophy of theprostateand arterio sclerosisOther conditions hypertrophicarthritis

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John SchneiderAddress Easton, Md. Date signed Aug 11, 47

RECEIVED

AUG 19 1947

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of
age is shown on
G112 9/19/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

07378

1. PLACE OF DEATH:
County Talbot County
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. no
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME
Walter Gibson

3. (b) Social Security Number
no.

4. Sex male 5. Color or race Black 6. (a) Single, married, widowed, or divorced married
B. (b) Name of husband or wife Ruth Gibson
Aug 11, 1885 B. (c) If alive, give age 7 years
7. Birth date of deceased (mo., day, yr.) Aug 11, 1885
8. AGE: Years 61 to 2 Months 11 Days 7 If less than one day
61 to 2 hrs. 11 min.

9. Birthplace Easton (Talbot) Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Eugene Gibson
13. Birthplace Easton, Md.

MOTHER 14. Maiden name unknown
15. Birthplace

16. Informant Ruth Gibson
Address Easton, Md.

17. Burial Date thereof Aug. 11, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory New Chapel
Location near Easton

18. Funeral director James H. Stewart
Address Salisbury, Md.

19. 8/10 47 M.H. Meekins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7- 19 47 at 10 20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10 July 19 47 to 7 Aug 19 47

and that I last saw him alive on 7 Aug 47
Immediate cause of death Cerebral infarction
& pneumonia

Due to Myocardial infarction
due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of 5

Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ruth Gibson James H. Stewart
M. D. or other
Address Easton Maryland Date signed 8 Aug 47

RECEIVED

AUG 19 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **296**

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

No. hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Easton, Rural
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Effie Price Gladding

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

November 11, 1864

8. AGE:

Years

Months

Days

It less than one day

8391

hrs. min.

9. Birthplace

Bellefontaine, Ohio
 (Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

John A. Price

13. Birthplace

Missouri

MOTHER

14. Maiden name

Caroline M. Clue

15. Birthplace

Worcester, Ohio

16. Informant

Address

Mrs. R. Starr BeltEaston, Md.

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

Burial Date thereof Aug 16 47
 (month) (day) (year)Bellefontaine CemeteryBellefontaine, Ohio

18. Funeral director

Address

John D. WilliamsEaston, Md.

19.

(Date rec'd by registrar)

8/14 19 47 N. H. Davies
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 19 47, at 7:50 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 19 47, to Aug 12 19 47and that I last saw her alive on Aug 12 19 47

Immediate cause of death

Carcinoma of Gall Bladder

DURATION

1 yr.

Due to

Due to

Other conditions

Metastases to Liver

(Include pregnancy within 8 months of death)

Major findings of operations

Nil

Date of op.

Autopsy results

Nil

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. W. C. Stevens M.D.

M. D. or other

Address

Easton MdDate signed 8-15-47

RECEIVED

AUG 19 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07380
294

1. PLACE OF DEATH:

County Talbot
 City or town Sherwood
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Sherwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Robert S. Harrison

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Margaret E. Harrison6. (c) If alive, give age 69 years

7. Birth date of

deceased (mo., day, yr.)

March 23, 1877

8. AGE:

Years
70Months
4Days
9

If less than one day

hrs. min.

9. Birthplace

Wittman, Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

Retired Canner

11. Industry or business

FATHER
MOTHER12. Name Levi F. Harrison13. Birthplace Wittman, Talbot Co. Md.14. Maiden name Mary E. Williams15. Birthplace Easton, Talbot, Co. Md.

16. Informant

Mrs. Robert S. Harrison

Address

Sherwood, Maryland.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 5, 1947
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Sherwood, Maryland

18. Funeral director

Newnam & Harrison

Address

St. Michaels, Md.

19.

(Date signed by registrar)

Aug 51947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1947 at 1200 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1939 to 1947and that I last saw him alive on August 3 1947

Immediate cause of death

Dilatation of heart

DURATION

10 min

Due to

Essentially by arteriosclerosis8 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Physician
Physician

M. D. or other

Address

Date signed

Aug 4, 1947

RECEIVED

AUG 29 1947

BUREAU 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07381 290

1. PLACE OF DEATH:

County EasternCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Easton Hospital - Easton, MdHow long in hospital or institution? 5 days

3. (a) FULL NAME

Harry Leon Hendrickson

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

December 12, 1926

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

18819

hrs.

min.

9. Birthplace

West Chester, Pa
(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

FATHER

12. Name

Edwin J. Hendrickson

13. Birthplace

Landenberg, Pa

14. Maiden name

Mary Springer

15. Birthplace

Toughkenamon, Pa

16. Informant

Walter

Address

1010 Pleasant - W.D. Del

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Orford, Pa

Location

Orford, Pa

18. Funeral director

Edwin J. Hendrickson

Address

Easton, Md

19.

(Date reg'd by registrar)

5/20 47N.H. Hendrickson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County New CastleCity or town Wilmington
(If outside city or town limits, write RURAL and give nearest town)Street No. 1010 Pleasant St.

(If rural, give LOCATION)

2. (a) If veteran, name war Not a veteran ✓

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19, 1947 19____, at 2:40 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8-141947to 8-19-47

19____

and that I last saw him _____ alive on 8-17-47 19____

Immediate cause of death

DURATION

Circulatory collapse

Due to

Heat stroke

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W.B. Cox M.D

M. D. or other

Address

Easton, Md

Date signed

RECEIVED

AUG 26 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Carroll CountyCity or town Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long hospital or institution? 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline Co.City or town Denton Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. Rt. D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Leah Holsinger

3. (b) Social Security Number

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24 1858.

8. AGE: Years Months Days If less than one day

891111hrs.min.9. Birthplace Pennsylvania
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Mr David Replegh13. Birthplace Pennsylvania14. Maiden name Elizabeth Katherine Lely15. Birthplace Pa16. Informant J. Virgil MooreAddress Denton Md17. Buried Date thereof 8-19-47
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Newton CemeteryLocation Denton, Md18. Funeral director J. Virgil Moore & SonAddress Denton, Md19. 8/19 19 47 N.H. Neerese
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 19 47 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11 Aug 47 19 47 to 16 Aug 19 47and that I last saw him alive on 16 Aug 19 47

Immediate cause of death

ShockDue to Post operative openreduction of Fract HipDue to Fract Right HipOther conditions arteriosclerosisC.V. Disease

(Include pregnancy within 8 months of death)

Major findings of operations Fract. HipDate of op. 14 Aug 47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Aug 11, 1947

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) homeMeans of Injury Fall Col 1714746 Injured at work?23. SIGNATURE H.T. Korman M.D.Address Easton, Md Date signed 17 Aug 47

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AUG 26 1947

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Handwritten:
J. Edgar Hoover
Director
FBI
Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

07383

1. PLACE OF DEATH:

County TalbotCity or town Royal Oak
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 27 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County TalbotCity or town Royal Oak
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bessie V. Kirkman

3. (b) Social Security Number

None4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife William Kirkman7. Birth date of deceased (mo., day, yr.) Jan. 15, 1875 6. (c) If alive, give age _____ years8. AGE: Years 72 Months 7 Days 15 If less than one day _____ hrs. _____ min.9. Birthplace Oxford Talbot Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant L. Scott KilmonAddress Royal Oak, Maryland.17. Burial Date thereof Sept 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Springhill CemeteryLocation Easton Maryland.18. Funeral director Newnam & HarrisonAddress St. Michaels Md.19. Aug 31 19 47 Mrs Bessie L. Seck
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 August 19 47 at 7 a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 August 19 47, to 30 August 19 47.and that I last saw him alive on 29 August 19 47.Immediate cause of death Carcinoma of uterus

DURATION

Due to _____

Due to _____

Other condition Chronic pleurisy

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Perkins

M. D. or other

Address Royal Oak, Md. Date signed 8/30/47

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SEP 3 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

07384

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Rural Burton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8/15

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Rural Burton
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie Lee Rigby

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 22, 18758. AGE: Years 71 Months 4 Days 25 If less than one day
..... hrs. min.9. Birthplace Talbot Md.
(Town, county, and state)10. Usual occupation Laundryman

11. Industry or business

12. Name Charles Rigby13. Birthplace Talbot Md.14. Maiden name Mary Caroline Rigby15. Birthplace Talbot Md.16. Informant Mrs. Della MooreAddress Easton Md. R117. (Burial, cremation, or removal. Which?) Burial Date thereof Aug 19, 1947
(month) (day) (year)Cemetery or crematory Spring HillLocation Talbot Md.18. Funeral director Billie CookAddress Easton Md.19. 8/15 19 47 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 19 47 at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on Aug 17 19 47Immediate cause of death metastatic carcinomaof lungDue to carcinoma ofbreast (left)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations carcinoma ofbreast Date of op. 4/22/44

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

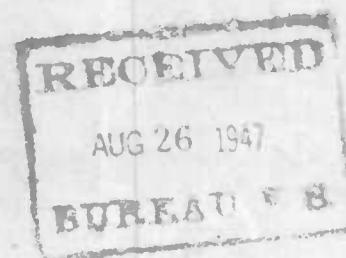
Means of injury Injured at work?

23. SIGNATURE B. C. Coe M. D. or otherAddress Easton Md. Date signed 8/18/47

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

07385

1. PLACE OF DEATH:

County Talbot
 City or town Exytown, Eastern P.D.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 6 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Exytown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Robinson

4. Sex m 5. Color or race Col'd 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Lulu RobinsonMarch 4 1870 7. Birth date of deceased (mo., day, yr.) August 14, 19518. AGE: Years 76 Months 11 Days 9 If less than one day _____ hrs. _____ min.9. Birthplace Between Pittsburgh, Pa. & Richmond Va. on R.R. (Town, county, and state)10. Usual occupation Mechanic

11. Industry or business _____

12. Name James Robinson13. Birthplace Penina.14. Maiden name Unknown15. Birthplace 11 1116. Informant Lulu RobinsonAddress Exytown, Md.17. Burial Date thereof 8/8/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ExytownLocation Exytown, Md.18. Funeral director Leon H. HenryAddress 310 South St. Eastern, Md.19. 8/7 47 N.B. Deere
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1947 at 3 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1947 to Aug 6 1947and that I last saw him alive on Aug 6 1947Immediate cause of death Pericarditis of the ColonDue to Same

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hayward T. Webb M.D.Address Eastern, Md. Date signed 8/6/47

RECEIVED

AUG 19 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

07386

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... Talbot
 City or town... Easton, Md. (E. M. Hospital)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? Aug 22 - Aug 26, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... HartCity or town... Rock Hall
(If outside city or town limits, write RURAL and give nearest town)Street No. Pine Neck
(If rural, give LOCATION)2(a) If veteran, name ✓

3. (a) FULL NAME

Mrs. Ruby Southard

3. (b) Social Security Number

4. Sex 5. Color of face 6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife Mr. Charles F. Southard

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age... years

1861(?)

8. AGE: Years 84 Months 5 Days If less than one day

9. Birthplace Knoxville, Tenn.
(Town, county and state)10. Usual occupation House-wife

11. Industry or business

12. Name Marcus Hodges13. Birthplace Raleigh, N.C.14. Maiden name Mary Callaway15. Birthplace Raleigh, N.C.16. Informant Miss Myrtle GanttAddress 1829 E. 29th St. - Balto. 18 Md.17. Burial Date thereof Aug 30, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Wesley Chapel Cem.Location Rock Hall, Maryland18. Funeral director J. Willis WellsAddress Chestertown, Md.19. 8/27/47 M. A. Newins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 19 47 at 10:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-22 19 47, to 8-26 19 47.and that I last saw him alive on 19.Immediate cause of death Pulmonary Embolism

DURATION

10 minDue to fractured head of femurDue to fall5 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

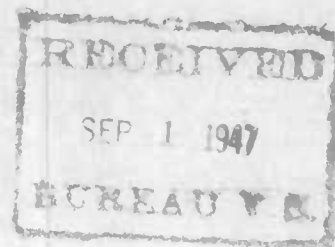
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental Date of 8/17/47Where did injury occur? Rock Hall - Mend - Ind.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of Injury Fall Injured at work? no23. SIGNATURE J. B. Ambler MD
M. D. or otherAddress Rock Hall - Md. Date signed 8-27-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

07387

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

CLARA STEVENS

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 2, 1860 6. (c) If alive, give age years

8. AGE: Years 86 Months 10 Days 16 If less than one day hrs. min.

9. Birthplace Trappe, Maryland
(Town, county, and state)

10. Usual occupation Retired Nurse

11. Industry or business

12. Name Josiah Chaplin Stevens

13. Birthplace Talbot Co., Md.

14. Maiden name Sarah Martin Mullikin

15. Birthplace Baltimore, Md.

16. Informant Mrs. Irene Harden

Address Easton, Maryland

17. Burial Date thereof Aug. 19, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Maryland

18. Funeral director John D. Williams

Address Easton, Maryland

19. 8/18 19 47 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17, 1947 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30th 1947 to Aug 17th 1947
and that I last saw him alive on Aug. 18th 1947

Immediate cause of death Intra capsular fracture of right hip DURATION 18 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, in the following:
Accident, suicide, or homicide fractured hip Date of July 30th 1947

Where did injury occur? Easton Talbot md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Fall in her room Injured at work? no

23. SIGNATURE William S. Seymour M. D. or other

Address Easton md Date signed 8/18/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 26 1947
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07388

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Jefferson
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 47
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Jefferson
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Julius T. Cordner
 4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

3. (b) Social Security Number

772-09-83006. (b) Name of husband or wife Helen A. Sharp Cordner7. Birth date of deceased (mo., day, yr.) Aug 27, 1889

8. AGE: Years 57 Months 11 Days 7 If less than one day
 hrs. min.

9. Birthplace Jefferson, Maryland
(Town, county, and state)10. Usual occupation Insurance Salesman

11. Industry or business

12. Name 10th N. Cordner

13. Birthplace

14. Maiden name Eva Hansen15. Birthplace Md.16. Informant Mrs. Helen A. Sharp CordnerAddress Easton, Md.17. (Burial, cremation, or removal, Which?) Burial Date thereof Aug 27, 1947
(month) (day) (year)Cemetery or crematory St. Mary'sLocation Easton, Md.18. Funeral director St. Mary'sAddress Easton, Md.19. 8/6 19 47 N. H. Nurma
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug 4 19 47 at 5 a. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19 47and that I last saw him alive on 8/3/1947

Immediate cause of death

DURATION

Coronary Occlusion 6 hrsDue to arteriosclerotic heart disease 1 year

Due to

Other conditions Cholelithiasis Chronic 4 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. C. M. D. M. D. or otherAddress Easton Md. Date signed 8/14/47

